

## **INSTRUCTIONS FOR THE LONG TERM SERVICES AND SUPPORTS REFERRAL (CP-2)**

### **Referral Process for CWA**

The County Welfare Agency (CWA) utilizes this form to refer persons for Nursing Facility Placement or Waiver Programs who are currently Medicaid eligible or are converting from private pay to Medicaid, and residing in the community, including Assisted Living Residences. The CP-2 can also be used by the CWA to refer and verify Medicaid eligibility when referring Nursing Facility residents who are requesting Waiver services. The CP-2 referral form will serve as verification of financial eligibility and should include a Physician completed PA-4 form. Also, the CP-2 form will serve as a referral to the ADRCs when consumers are seeking Long Term Services and Supports (LTSS) and appear to be financially eligible. Referrals need to be made if one of the following three scenarios occurs:

- (a) Consumers that upon initial intake meet presumptive eligibility and may be eligible for an expedited process. These consumers will be identified as Fast Track consumers because upon CWA initial intake review, they appear to meet both income standards and resource levels criteria.
  - (b) Consumers seeking LTSS who are eligible under the regular New Jersey Medicaid Program that upon initial intake appear to meet the current Medicaid "cap" for long term care.
  - (c) Consumers that are seeking LTSS, do not meet any of the above two requirements but can benefit from home and community based services that can potentially be provided by other federal, state or locally funded programs. The CP-2 referrals to the ADRC in the first two scenarios will be accomplished prior to and while verification and validation process of financial eligibility is being determined.
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- 1. County Welfare Agency (CWA) worker checks the box in the upper right hand corner of the form for all Penalty Cases.
  - 2. The CWA worker must complete the entire top part of the form including the location of the Office of Community Choice Options (OCCO) Regional Office (Northern, Central or Southern) or AAA/ADRC Area Agency on Aging (AAA) or Aging Disabilities Resource Connection (ADRC) as well as the referral source (CWA) and name of the person making the referral.
  - 3. The following need to be recorded in the financial section. Medicaid number, resident's date of financial eligibility, SSI status, and income must be recorded if applicable. Also, check the appropriate box if individual will be eligible for Medicaid in 180 days or is Non-Medicaid eligible.
  - 4. The CWA worker must also check the appropriate box in the Participant Information Section indicating interest in either a Community-Based Waiver, Nursing Facility placement or Non-Medicaid home and community based services and supports. If the person applying for benefits was previously on a Medicaid waiver program, that should also be listed in this section.
  - 5. If an individual is currently in a Nursing Facility, include the admission date.
  - 6. If the resident is on a Medicaid Managed Care program or a Special Program, including Hospice, that must be noted on the form.
  - 7. A PA-4 is necessary for all Nursing Facility and Waiver Referrals, including Assisted Living.
  - 8. The CP-2 can be mailed, faxed or emailed to the OCCO Regional Office, where it will be assigned to the Community Choice Counselor for determination of clinical eligibility.

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**For NF Transitions (persons discharging to community on waiver or community programs):**

To verify that an individual discharging to the community from a Nursing Facility on a Medicaid Waiver is financially eligible, the CWA will complete the Financial Information and Other Pertinent Information and fax to OCCO Regional Office.

- A. To initiate verification of financial eligibility for NF transitions, OCCO will forward completed CP-2, minus the Financial Information, to the CWA.
- B. The CWA completes the Financial Information section and returns to to OCCO within 3 business days.

**Fast Track Referral from CWA**

When a County Welfare Agency (CWA) worker wants to refer a consumer for Fast Track, the CP-2 will serve as a referral form. The CWA worker will check the appropriate Fast Track box selection in the Participant Information Section and must follow Medicaid Communication No. 09-06 (Procedures for Fast Track of Potential Medicaid Clients in Non-ADRC Counties) which states:

- 1. The CWA worker will complete an INITIAL CP-2 to refer a consumer that appears to be eligible for Fast Track while his/her application is being processed.
- 2. The CWA worker will complete a clearly marked FINAL CP-2 and forward to the respective OCCO Regional Office with the completed information section to confirm the financial eligibility/ineligibility determination.

**Referral Process from Nursing Facility**

**A. GO Referrals**

When the Nursing Facility Social Worker (NFSW) refers a resident for GO, the CP-2 will serve as a request to OCCO to complete the clinical assessment:

- 1. Complete the entire top part of the form including the location of the Office of Community Choice Options (OCCO) Regional Office (Northern, Central or Southern) as well as the referral source (NFSW) and name of the person making the referral.
- 2. If the Nursing Facility resident is currently on Medicaid, include the number in the "Medicaid No." box (remember: medically needy Nursing Facility residents are not eligible for Medicaid Waiver Programs). If the resident is pending Medicaid, write "pending" in that box and include the date of Medicaid Application under the Financial Information section.
- 3. The NFSW must also check the GO box in the Participant Information Section. If the resident was previously on a Medicaid waiver program, that should be indicated on the CP-2 as well.
- 4. If the resident is on a Medicaid Managed Care Program, that must be noted on the second page of the CP-2.
- 5. A PA-4 is not necessary to accompany this referral. Physician's name, participant's location and supportive relative must be entered in the Participant Information section.

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6. The CP-2 can be mailed, faxed or emailed to the OCCO Regional Office, where it will be assigned to the Community Choice Counselor for determination of clinical eligibility.
7. If CCC determines that the resident is clinically eligible for Medicaid, and the resident indicates a desire to leave the NF, the CCC will send the completed CP-2 form, minus the Financial and Disability information, to the CWA to request verification of financial eligibility.
8. The CWA will verify financial eligibility, complete the Financial information and Disability information sections and fax to the OCCO Regional Office.

**B. Section Q – MDS 3.0 Options Counseling Referral:**

**When Section Q of MDS 3.0 indicates the NF resident is interested in discussing community discharge options, the CP-2 will serve as a referral form.**

1. Follow directives above, with the exception of #3 where the NFSW will check Section Q-Options Counseling in the Participant Information Section.

**Referral Process for Care Manager**

When the Care Manager (CM) refers a person for GO, the CP-2 will serve as a referral form:

1. Care Manager (CM) must complete the entire top part of the form including the location of the Office of Community Choice Options (OCCO) Regional Office (Northern, Central or Southern) as well as the referral source (CM) and name of the person making the referral.
2. A Medicaid number must be on the form. A resident of a nursing facility is eligible for GO only if he/she is financially and clinically approved for Medicaid. The resident's date of financial eligibility and income must be recorded in the Financial Section.
3. The CM must also check the GO box in the Participant Information Section. If the resident was previously on a Medicaid waiver program, that should be indicated on the CP-2 as well.
4. Complete the nursing facility admission date.
5. Indicate whether there is a Planned Discharge Date on the CP-2.
6. If the resident is on a Medicaid Managed Care program, that must be noted on the second page of the CP-2.
7. A PA-4 is not necessary to accompany this referral. However, physician's name, participant's location and supportive relative must be entered in the Participant Information section.
8. The CP-2 can be mailed, faxed or emailed to the OCCO Regional Office.
9. A CCC will be assigned to assess the resident to ensure that he/she is still clinically eligible for Medicaid. If CCC determines that resident is eligible, and the resident indicates a desire to leave the NF, then the CCC will coordinate an Interdisciplinary Team (IDT) meeting with the NFSW.